Ohio Department of Health

MANUFACTURED HOME REPLACEMENT REPORT

Action governed by Ohio Revised Code Chapter 3733

(Form must be submitted to Local Health District two business days prior to placement)

COUNTY	HEALTH DISTRICT
PARK NAME	OWNER
PARK ADDRESS	OWNER ADDRESS
CITY, ZIP	CITY, STATE, ZIP
PARK PHONE NO. ( )	OWNER PHONE NO. ( )

Lot Address & No.	MH Make/Model	Auxiliary Building (Indicate number)	Enclosures/Room Additions (Y/N)	Complies w/applicable rules (Y/N)

***NOTE:** All homes must be replaced to comply with the provisions of Ohio Administrative Code rules Chapter 3701-27, as applicable. Failure to comply may result in license action by the licensor.

Use of this form applies to home placement, room additions, and/or auxiliary building placement.

I certify that the foregoing information accurately represents the changes specified in the report. Operator's Signature	Date

Reminder:

@ Homes located in flood plain areas must be replaced in accordance with OAC sections 3701-27-07 to 3701-27-075.

@ If park does not have base support systemsn complying with OAC section 3701-27-082 (D) – support system must be installed before replacement of any home can commence.
(Plan review and approval required; contact Office of General Engineering Services at (614) 644-5597)

@ Spacing of homes must comply with provisions of OAC Section 3701-27-08, as applicable.

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